

# ARKANSAS STATE PLAN ON AGING



**Fiscal Years  
2016 - 2019**

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**VERIFICATION OF INTENT**

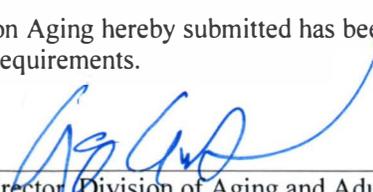
**Arkansas State Plan on Aging**

**Fiscal Years 2016 - 2019**

The State Plan on Aging is hereby submitted for the State of Arkansas for the period of October 1, 2015 through September 30, 2019. It includes all assurances, as well as plans to be implemented by the Division of Aging and Adult Services of the Arkansas Department of Human Services under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purpose of the Act, such as the development of comprehensive and coordinated systems for the delivery of nutrition, in-home and supportive services, and to serve as the effective and visible advocate for the elderly in the State.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

  
\_\_\_\_\_  
Craig Cloud, Director, Division of Aging and Adult Services  
Date 7/16/15

  
\_\_\_\_\_  
John Selig, Director, Arkansas Department of Human Services  
Date 7/16/15

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.  
  
\_\_\_\_\_  
Asa Hutchinson, Governor, State of Arkansas  
Date 7/16/15

## EXECUTIVE SUMMARY

### Overview

The Arkansas State Unit on Aging (SUA) is the Division of Aging and Adult Services (DAAS), within the Arkansas Department of Human Services. DAAS serves as the focal point for all matters concerning older Arkansans; serves as an effective and visible advocate for the aging population; gives elderly citizens a choice of how and where they receive long term care services; and plans, coordinates, funds and evaluates programs for senior adults. This Division operates several community-based services for Arkansas' aging population including: the Older Americans Act Unit (OAA), Home and Community-Based Waiver Services (HCBS), Adult Protective Services (APS), Aging and Disability Resource Center (ADRC), Long Term Care (LTC) Ombudsman, and various other programs and grant-funded projects. These programs and projects create a critical system of supports and services vital to Arkansas seniors, their families, and caregivers.

The following is the mission of DAAS:

- Promote the health, safety, and independence of older Arkansans and adults with physical disabilities
- Ensure older Arkansans and people with disabilities have a choice in how and where they receive long-term care
- An aging society requires innovation and change
- Adults should be able to age well
- Arkansas adults should be safe
- Access to information enhances long-term care choices

The State of Arkansas is divided into eight different Program Service Areas (PSAs). The number of full-time staff in each AAA/PSA varies, with the largest being Region 4, having 187 full-time employees, and the smallest being Region 7, having 17. The other regions range between 50 and 105 full-time staff.

The previous state plan was developed in 2011 and examined 2006 population estimates from the U. S. Census Bureau. At that time, the total population in Arkansas was 2,810,872. The number of persons aged 60 or older was 530,677, with 66,688 of these residents being low-income and 18,100 being low-income minorities. There were 5,714 Hispanic seniors (60 and over).

According to the U. S. Census Bureau's 2013 estimates, the total population of Arkansas is 2,933,369. This is a four percent increase since 2006. In addition, Arkansas is ranked 10<sup>th</sup> in the Nation for percentage of persons 60 and above. Just over 20 percent of these residents are aged 60 or older. Compared to 2006, this number has increased approximately 13 percent. Of these seniors, 62,743 are considered low income. This is 10.43 percent of Arkansas seniors. There are 5,460 Hispanic seniors (60 and over).

Even though the population has grown, funding across the board for the aging network has not kept pace with the increase in both the cost of living and service demands. The annual budget for SFY 2011 was \$53,241,572 compared to \$54,480,801 for SFY 2016.

### Plan Purpose and Development

The purpose of the Arkansas State Plan on Aging is to serve as a comprehensive document which can provide direction for planning, implementing, and providing long-term care efforts. In addition, DAAS envisions the State Plan serving multiple functions including:

- Documenting the tangible outcomes planned and achieved as a result of state long-term care reform efforts;
- Translating activities, data, and outcomes into proven best practices, which can be used to leverage additional funding;
- Providing a blueprint that spells out the activities the state will undertake in modernizing its long-term care system; and
- Building capacity for long-term care efforts in the state.

The development of this plan was based on input from various individuals and entities. Initially, an Advisory Committee was formed including the following: 3 AAA Directors, 5 AAA Chief Financial Officers, 7 AAA Representatives, 5 DAAS Representatives, 1 Governor’s Advisory Council on Aging Representative/Service Provider, and 1 Silver Haired Legislators Alumni Association Representatives/Seniors.

In addition, meetings, emails, and phone calls were conducted with AAA staff throughout the State. Information received has been beneficial for developing ideas, identifying program needs, and reflecting on the history of the aging network in Arkansas. Two different surveys were developed and distributed to members of the aging network in Arkansas. The first survey focused on opinions of professionals from AAAs, service providers, and senior related organizations. A second survey, conducted via Survey Monkey, was developed and distributed to various seniors from all over Arkansas. Over 750 responses were received and analyzed. A Public Hearing was also held to solicit input from the public regarding the Arkansas State Plan. This included attendance from the central AAA and OAA staff.

### **Strategic Planning**

The Arkansas State Plan on Aging was developed around the goals previously provided by ACL. Because of the feedback provided through the various methods explained above, objectives were established to assist the senior population in Arkansas. The following includes a sampling of some of the objectives included in the strategic plan.

- Empower older people, their families, and other consumers to make informed decisions about and easily access existing health and long-term options:
  - DAAS will improve access to Long-Term Services and Supports (LTSS) Home and Community Based Services for older adults, informal caregivers, and the aging population; and
  - Mental health issues will be addressed through in-services and the implementation of evidenced proved/AoA approved programs pertaining to mental health awareness, issues, resolutions, and referrals.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers:
  - DAAS will enhance long-term care supports and services for informal caregivers by collaborating with community-based private-pay providers to increase caregiver supports and resources, as well as developing a customer service survey; and
  - Through the Money Follows the Person program, DAAS will enable eligible persons, from designated institutions, return to the community.
- Empower older people to stay active and healthy through Older Americans Act services and new prevention benefits under Medicare:
  - DAAS/AAAs will empower older adults to take an active role in health promotion and disease prevention by implementing ongoing, evidence based health promotion/disease prevention (EBHP/DP);

- DAAS will collaborate with other agencies to assess transportation needs in Arkansas, as well as enhance safe driving and community mobility for older adults; and
- Older Arkansans will be informed of Medicare benefits through the Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance grant implementation statewide through Arkansas's AAAs and the ADRC.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation:
  - The LTC Ombudsman Program will strive to meet the Institute of Medicine's recommendation of one full time Regional Ombudsman program per two thousand licensed beds and to have at least one Certified Volunteer LTC Ombudsmen per facility;
  - The Arkansas Senior Medicare Patrol, through DAAS, will empower beneficiaries and consumers to prevent health care fraud through outreach and education; and
  - DAAS will increase the ability of Arkansas professionals to recognize, address, investigate and prosecute cases of elder abuse, neglect, and exploitation through a multi-disciplinary task force.

## ORGANIZATIONAL STRUCTURE

### State Unit on Aging

The Arkansas State Unit on Aging (SUA) is the Division of Aging and Adult Services (DAAS) which serves as the focal point for all matters concerning older Arkansans; serves as an effective and visible advocate for the aging population; gives elderly citizens a choice of how and where they receive long term care services and supports; and plans, coordinates, funds and evaluates programs for senior adults. DAAS is a division within the Arkansas Department of Human Services (DHS). As shown below, staffing levels for the 2016 SFY includes 300 full-time employees, 12 unbudgeted positions, and 18 part-time and/or temporary employees with an annual budget of \$54,480,801.

### *DAAS Full Time Employees*

Unit	# of Employees
DAAS General Administration	11
Aging & Disability Resource Center	6
Older American Act Administration	4
LTC Ombudsman	3
Home & Community Based Services Administration	14
Home & Community Based Services Nurses	79
Quality Assurance & Provider Enrollment	10
Adult Protective Services	62
AR Senior Medicare Fraud Patrol	3
Public Guardian	4
Medicaid Eligibility Unit	101
Medicare Enrollment - ADRC	1
Money Follows the Person Grant	6
PACE Program	1
Cost Pool: DAAS AD of OAA Grant Programs	1
Cost Pool: DAAS AD of Ops & CB Programs	1
Cost Pool: DAAS Grant Programs	1
Cost Pool: DAAS OAA Grant Program	1
Cost Pool: DAAS Home and Community Based Services	2
Cost Pool: DAAS Older Worker Program	1
<b>Total</b>	<b>312</b>

DAAS administers several community-based services for Arkansas' aging population including: The Older Americans Act (OAA), Home and Community-Based Waiver Services (HCBS), Adult Protective Services (APS), Aging and Disability Resource Center (ADRC), Long Term Care (LTC) Ombudsman,

and various other programs and grant-funded projects. These programs and projects create a critical system of supports and services vital to Arkansas seniors, their families, and caregivers. DAAS key stakeholders include, but are not limited to, the Area Agencies on Aging (AAAs), the State of Arkansas' chapter of AARP, the Governor's Advisory Council on Aging (GACA), the Silver Haired Legislators' Alumni Association, and the Donald W. Reynolds Institute on Aging.

The following is the mission of DAAS:

- Promote the health, safety, and independence of older Arkansans and adults with physical disabilities
- Older Arkansans and people with disabilities have a choice in how and where they receive long-term care
- An aging society requires innovation and change
- Adults should be able to age well
- Arkansas adults should be safe
- Access to information enhances long-term care choices

**Program Service Areas**

The State of Arkansas is divided into eight different Program Service Areas (PSAs). At one time, all of Arkansas was part of the Planning and Development Districts, as established by the Governor. In 1979, when the AAA's became 501(c)3 organizations, then Governor Bill Clinton determined that the AAA PSA's should be the same as the already established districts for Economic Development, Mental Health, and Human Services.

These PSAs have remained the same since that time. The eight PSAs are:

*Program Service Areas*

<b>Region</b>	<b>Region Name</b>	<b>Office Location</b>
<b>1</b>	Northwest Arkansas Area Agency on Aging	Harrison
<b>2</b>	White River Area Agency on Aging	Batesville
<b>3</b>	East Arkansas Area Agency on Aging	Jonesboro
<b>4</b>	Area Agency on Aging of Southeast Arkansas	Pine Bluff
<b>5</b>	CareLink (Central Arkansas Area Agency on Aging)	North Little Rock
<b>6</b>	Area Agency on Aging of West Central Arkansas	Hot Springs
<b>7</b>	Southwest Arkansas Area Agency on Aging	Magnolia
<b>8</b>	Area Agency on Aging of Western Arkansas	Fort Smith

The number of full-time staff in each AAA/PSA varies, with the largest being Region 4, having 187 full-time employees, and the smallest being Region 7, having 17. The other regions range between 50 and 105 full-time staff. A break-down of each is shown on the following page.

*AAA Employees*

<b>Region</b>	<b>Full Time</b>	<b>Part Time</b>	<b>PC Aides</b>	<b>Older Workers</b>
<b>1</b>	105	69	548	16
<b>2</b>	103	19	523	8
<b>3</b>	58	3	272	24
<b>4</b>	187	102	159	10
<b>5</b>	82	9	601	17
<b>6</b>	50	5	270	17
<b>7</b>	17	1	0	13
<b>8</b>	93	255	264	11
<b>Total</b>	<b>695</b>	<b>463</b>	<b>2637</b>	<b>116</b>

**Funding Formula**

As required by the Older Americans Act, a funding formula was developed at the time of inception of the Arkansas Statue Unit on Aging. In accordance with this formula, the funding for each AAA will be allocated as follows:

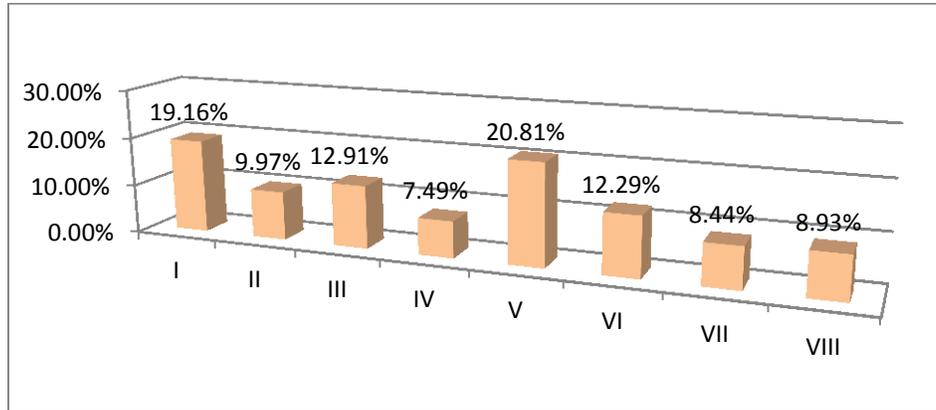
- Each will receive 1 % of the total amount to be distributed from each funding source;
- Of the remainder, 50 % will be distributed based on each region's proportion of Arkansans aged 60 and older;
- 40 % will be distributed based on each region's proportion of low income Arkansans aged 60 and older; and
- 10 % will be distributed based on each region's proportion of low income minority Arkansans aged 60 and older.

## DEMOGRAPHICS

### Current Population

According to the U. S. Census Bureau’s 2013 estimates, the total population of Arkansas is 2,933,369. Just over 20 percent of these residents are aged 60 or older. As shown below, there are more seniors in Region 5, which represents central Arkansas, but they are closely followed by northwest Arkansas, Region 1.

*% of Total 60+ Population by Region*



Of these seniors, 62,743 are considered low income. This is 10.43 percent of Arkansas seniors.

The following table illustrates the population breakdown for the funding formula of each Planning Service Areas (PSAs) in Arkansas.

*Population of PSAs*

Region	Total Pop	60+ Total	% of State	60+ Low Income Total	% of State	60+ Low Income Minority Total	% of State
1	589,849	115,256	19.16%	9,646	15.37%	1,150	6.56%
2	238,091	59,948	9.97%	7,079	11.28%	519	2.96%
3	389,847	77,641	12.91%	10,948	17.45%	3,951	22.53%
4	211,601	45,033	7.49%	6,002	9.57%	3,201	18.25%
5	697,719	125,176	20.81%	10,045	16.01%	3,928	22.39%
6	314,811	73,931	12.29%	7,318	11.66%	1,132	6.45%
7	231,184	50,783	8.44%	5,966	9.51%	2,868	16.35%
8	260,267	53,725	8.93%	5,740	9.15%	788	4.50%
<b>State Total</b>	<b>2,933,369</b>	<b>601,493</b>	<b>20.51%</b>	<b>62,744</b>	<b>2.13 %</b>	<b>17,535</b>	<b>0.59%</b>

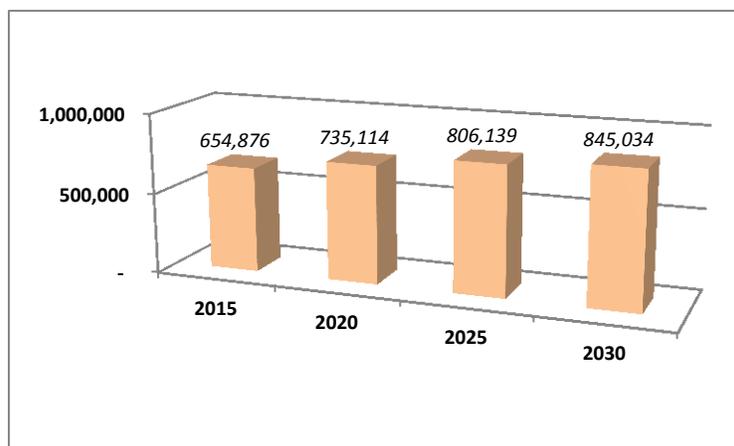
Even though Regions 1 and 5 have the highest number of seniors, Region 3, located in eastern Arkansas, is the highest ranking of all PSAs for the number of low income seniors. The number of low income minority seniors is somewhat similar between Regions 3, 4, and 7, representing the east, southeast and southwest parts of the State.

The Arkansas State Plan on Aging for 2016 – 2019 was based on census statistics for 2013. An analysis between 2006 and 2013 shows a four percent increase in the total population in Arkansas. This was substantially higher for those 60 and older, with a 13 percent increase. The number of low-income seniors and low-income minority seniors both declined between three and six percent since the last census.

### Population Projections

According to the U.S. Census Bureau, the population of Arkansans aged 60 and over is rapidly increasing. The graph below displays the gradual progression between 2015 and 2030.

*Arkansas Population Projections*



Further analysis of these statistics show that Arkansas will remain in the top half percentile in the ranking of senior population in the Nation with the following rankings: 2015 – 17<sup>th</sup>; 2020 – 18<sup>th</sup>; 2025 – 21<sup>st</sup>; and 2030 – 23<sup>rd</sup>. In addition, there will be an estimated 72 percent increase in this population from 2000 to 2030.

### Health Issues/Concerns

According to the Centers for Disease Control and Prevention (CDC), in regards to the 2012 causes of death, Arkansas ranked 16<sup>th</sup> in the number of deaths due to Alzheimer's disease, with 27.9 per 100,000. However, the State is ranked much higher in other causes of senior death: 1<sup>st</sup> in deaths due to influenza/pneumonia, 2<sup>nd</sup> in stroke, 3<sup>rd</sup> in kidney disease, and 4<sup>th</sup> in both heart disease and chronic lower respiratory diseases.

The AARP Public Policy Institute reported in 2012 that over 27 percent of adults age 50 and over in Arkansas are in poor or fair general health. Seventeen percent of these adults are suffering from diabetes and 69.4 percent are overweight or obese.

The *United Health Foundation's America's Health Ranking Senior Report – 2014* examines many aspects of senior (65 and older) health. Their findings rank Arkansas as the 46<sup>th</sup> least healthy state for seniors. Contributing factors include that Arkansas ranks 50<sup>th</sup> in food insecurity, with nearly 1 in 4 adults aged 60 and older marginally food insecure. Additionally, in the past year, physical inactivity among seniors

decreased from 37.4 percent to 33.2 percent of seniors. Other determinants are the high prevalence of underweight seniors (ranked 47<sup>th</sup>), as well as a low percentage of health screenings being conducted (ranked 50<sup>th</sup>) among adults aged 65 - 74.

The United States Census Bureau, American Community Survey 2009 – 2013 aggregates data gathered from individuals in 1,129,723 households in the State of Arkansas. This survey identified additional significant statistics in regard to the makeup of the health of Arkansas:

- 442,837 of adults 18 and over have a disability (Civilian Noninstitutionalized Population); and
- 38,745 household have grandparents that are responsible for their own grandchildren under 18 years old.

## GRANT PROJECTS

### **Arkansas Take the Time Lifespan Respite Grant**

In 2014, the Division of Aging and Adult Services (DAAS) received the Lifespan Respite Care Grant. The Choices in Living Aging and Disability Resource Center (ADRC) within DAAS, in partnership with the Arkansas Lifespan Respite Coalition (ALRC) will develop a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The primary goal of this 3-year project is to improve awareness and access of respite information and services that are currently available in Arkansas to families across various age and disability spectrums. It specifically targets family caregivers who need a temporary break from caring for a relative or loved one with special needs. The grant focuses on organizing and coordinating resource information about the existing programs so that families are aware of what is available, who is eligible, and how and where to apply for these services. The project expands and enhances respite services by providing training to new respite care workers and volunteers; providing online information about available respite and support services on the DAAS – Choices in Living website; providing respite information to individuals who call the Choices in Living Resource Center toll free number; and as well as provides marketing activities to increase the public's awareness of respite.

### **Community Living Program/Veteran's Directed Home and Community Based Services**

In 2007, DAAS received grant funding to support a Nursing Home Diversion Program now known as the Community Living Program (CLP). Two of the Area Agencies on Aging (AAA), Regions 1 and 5, received funding for the Community Living Program. Both AAAs excelled in their receptiveness to offering the Cash & Counseling model. The Division of Aging and Adult Services offered training opportunities and support but allowed each AAA to develop a program unique to their agency and the needs within their region.

In September 2008, Arkansas again was successful in securing grant funding for a second Community Living Program. Two more Area Agencies on Aging, Regions 4 and 7, were added, expanding the program to two additional regions of the State. Since inception of the program, one half of Arkansas' AAA's participated in the Community Living Program and have served 176 persons. Even though no grant funds remain to support the Community Living Program, there are 44 participants still active in the CLP at a cost of \$18,339.64 per month. During 2014, four individuals continued to participate until July.

The second grant award of the Community Living Program allowed DAAS to begin working with the Veteran's Health Administration to offer the Veteran's Directed Home and Community-Based Services (VDHCBS) program. All four participating CLP AAA's expressed interest in participating and to date three of the four AAAs offer the VDHCBS program to 73 Arkansas veterans who have so admirably served our country. Each of these three regions were able to negotiate contracts with the local Veteran's Administration Health Services in their region.

The earlier experiences gained by the AAA's positioned them to move quickly to offer VDHCBS in their respective regions. In comparison to other states offering VDHCBS, Arkansas has served more veterans. As with the CLP program, veterans have been receptive to the new program. All of the AAAs remain committed to the VDHCBS program and look for permanency of the program. Currently, approximately 17 veterans are participating in VDHCBS.

### **Medicare Improvements for Patients and Providers Act (MIPPA) Grant**

The 2010 Affordable Care Act provides additional federal funding to be administered by the ACL and the Centers for Medicare & Medicaid Services (CMS) for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Center programs

(ADRCs) to help coordinate efforts to inform older Americans about available Federal and State benefits available. DAAS has received its fourth MIPPA grant award to provide funding for this project.

These projects include reaching people likely to be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), and Medicare Part D through statewide and local coalition building focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits. SHIP, AAAs and ADRC coordinate their efforts for outreach activities for educating beneficiaries about the new wellness benefits aimed at preventing disease and promoting wellness. This grant also afforded DAAS the opportunity to partner with the Division of County Operations (DCO), a sister Division within the Arkansas Department of Human Services, in producing a 30 minute television broadcast on the State Public Television Network regarding this and other public benefits, such as SNAP and Home Weatherization Programs.

## HOME AND COMMUNITY-BASED SERVICES

### **Alternatives for Adults with Physical Disabilities (AAPD)**

Alternatives for Adults with Physical Disabilities is a 1915(c) Medicaid waiver program, specifically for individuals with a physical disability, which allows the consumer to direct and receive their in-home care through self-direction and/or through a traditional agency model. The target population is individuals aged 21-64 who have been determined to have a physical disability based on Social Security criteria. In addition, the consumer must meet financial eligibility requirements, as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care.

The following services are available through AAPD:

- Attendant Care - Self-Directed and/or Agency;
- Counseling Support Manager (CSM); and
- Home Modification/Environmental Adaptation (\$7500 maximum for life of the waiver).

### **ElderChoices (EC)**

ElderChoices is a 1915(c) Medicaid waiver program that provides assistance by allowing Medicaid reimbursement for certain in-home and community-based services that are not routinely covered by Medicaid. The target population is age 65 or older. In addition, the consumer must meet financial eligibility requirements as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care.

The following services are available through EC:

- Homemaker;
- Chore;
- Home-Delivered Meals;
- Personal Emergency Response;
- Adult Day Care;
- Adult Day Health Care;
- Respite (In-Home and/or Facility);
- Adult Companion Service; and
- Adult Family Home.

### **Living Choices/Assisted Living**

Living Choices/Assisted Living is a 1915(c) Medicaid waiver assisted living program that provides consumers the opportunity to live in congregated housing with 24-hour supervision and services that support independence. The target population is aged 65 or older and/or aged 21-64 who have been determined to have a physical disability based on Social Security criteria. In addition, the consumer must meet financial eligibility requirements as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care. Bundled Services are available that are based on consumer need.

### **Programs of All-Inclusive Care for the Elderly (PACE)**

Programs of All-Inclusive Care for the Elderly is administered as a Medicaid State Plan optional service which targets consumers age 55 or older that meet financial eligibility requirements as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care. This program is a comprehensive health and social services delivery system that provides and coordinates primary, preventive, acute, and long-term services and supports to the frail elderly as a means for keeping them in their homes and in the community as long as possible. Services are identified by an Interdisciplinary Team and delivered

primarily in a PACE Center 24 hours a day, 7 days a week. This program is currently available on a zip code identified basis in AAA Region 3 located in Northeastern Arkansas.

### **IndependentChoices**

IndependentChoices is an optional Medicaid State Plan service provided under the authority of 1915(j) of the Social Security Act. This program's foundation is centered around consumer choice and control, giving the Medicaid recipient both employer and budget authority to direct their own services. In addition to paying for the services of their employee, the consumer may also choose to use part of their budget for goods and services. The participant is afforded support broker services to assist the participant to the degree needed by offering financial and counseling support. If the consumer is unable to make their own decisions, the program allows a representative or Decision-Making Partner to make known the likes, dislikes and preferences of the person.

The following services may be self-directed through IndependentChoices:

- State Plan Personal Care;
- Homemaker for ElderChoices clients; and
- Adult Companion Services for ElderChoices clients.

## **ADDITIONAL DAAS PROGRAMS AND SERVICES**

### **Adult Protective Services**

The Adult Protective Services Unit (APS) investigates cases of suspected abuse, neglect, or exploitation, or any combination thereof of adults age 18 and older, as well as those endangered as a result of lack of capacity or impaired from mental or physical disease or defects. They are mandated to conduct a thorough investigation and make a determination within 60 days.

A maltreated adult may be taken into emergency custody if the circumstances or condition are such that continuing at the place of residence presents imminent danger to their health or safety. Following issuance of an emergency order, the Probate Division of the Circuit Court shall hold a hearing within five business days to determine whether probable cause to issue the emergency order continues to exist. Upon a finding of probable cause, the court may order temporary custody for up to 30 days, pending a hearing for long-term custody.

A hearing for long-term custody shall be held no later than 30 days after the date of the probable cause hearing or the date the order for emergency custody was signed. The court may order long-term custody with APS under certain circumstances.

These important tasks are overseen by the Administrator of the APS Unit. All Section 721 funding is allocated to this position which ensures the safety of adult's in Arkansas.

### **Aging and Disability Resource Center (ADRC)/Choices in Living Resource Center**

Specialists in the Resource Center provide information about services, resources, and programs in areas such as living arrangements, support in care giving, energy assistance, assistive technology, and many other publicly funded programs such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. The types of services offered include: information and assistance, long-term services and supports options counseling, benefits counseling and access to publicly funded long-term services and supports programs such as ElderChoices, Alternatives for Adults with Physical Disabilities, Independent Choices, and Living Choices.

### **Alternatives Plus (The A+ Program)**

The specific purpose of the A+ Team is to facilitate the transition of low-care residents from nursing facilities to home and community based services, thereby expanding "non-institutional" coverage to older Arkansans. Nursing facilities are required to refer to the State Local Contact Agency the names of residents who have requested Options Counseling. The A+ Team responds to the referrals through a direct visit to the resident to provide Options Counseling, as mandated by the passage of ACT 516 of the 2007 Arkansas Legislature. The information provided by Options Counseling often promotes discussion and activities leading to a transition to a less restrictive environment for the resident. The A+ Team provides Options Counseling to Nursing Home residents who have been referred by their respective Nursing Home.

### **Community Connector Program**

The Tri County Rural Health Network (TCRHN) Community Connector Program was established to improve access to home and-community based services for Arkansas Delta counties, which is one of the poorest, most rural areas in the Nation.

The target population consists of Medicaid eligible adults who are 65 years and older and Medicaid eligible adults (age 21 and older) with physical disabilities who need home and community based services to allow that person to stay and function independently at home and delay entry to institutional care.

Community Connectors inform potentially Medicaid eligible elderly adults and adults with physical disabilities about home and community-based Medicaid programs and services such as Alternatives for Adults with Physical Disabilities, ElderChoices, IndependentChoices, Personal Care, Home Health, and Durable Medical Equipment (DME). Information is disseminated via direct face-to-face contact and distribution of Division of Aging and Adult Services' (DAAS) approved brochures. TCRHN also establishes formal working relationships with community organizations in each of their targeted counties to assist with making referrals, gathering information, answering questions, and/or collaboration for problem solving.

### **Money Follows the Person (MFP)**

Money Follows the Person is a system to finance Medicaid long-term services and supports that enable eligible persons from designated institutions to transition to and live in the most appropriate and preferred setting of their choice. There are two components involved in MFP. The first component involves sufficient Medicaid funding to be spent on qualified home and community-based services (HCBS) when allocating the person moves to the community from an institutional setting. The second component is the process of identifying persons in institutions who wish to transition to the community as well as their transitioning process.

### **Long-Term Care (LTC) Ombudsman**

The State LTC Ombudsman provides statewide oversight, monitoring, development and maintenance of policy/procedures, training and certification. This program works closely with various LTC stakeholders in regard to legislative issues, quality of care and life, and the latest innovative practices, as well as subcontracts out to the AAAs local LTC Ombudsman program and services.

The Arkansas LTC Ombudsman's jurisdiction is skilled nursing, residential, and assisted living level one and level two facilities. They advocate for resident rights; investigate concerns ranging from physical, sexual, emotional, mental abuse and financial exploitation; and empower residents to help themselves whenever possible. In addition, the Ombudsmen provide technical assistance to residents, families, facility staff and the public regarding a variety of issues related to long-term services and supports provided in institutions. Local Ombudsmen programs provide facility in-services, community education events, participation in resident and family councils, quarterly facility visits, and participation in survey/certification exits.

### **Long Term Services and Supports Financial Eligibility**

Effective July 1, 2014, the financial eligibility determination for Long-Term Services and Supports categories of Medicaid (Non-MAGI) was moved to the Division of Aging and Adult Services (DAAS) as part of a long-term care rebalancing effort in the Department. This merges the functional eligibility determination for the waivers already performed by DAAS with financial determinations. This includes financial eligibility determinations for nursing facilities, the Living Choices Assisted Living waiver, ElderChoices, Alternatives for Adults with Physical Disabilities and PACE.

### **Public Guardian for Adults**

The Office of Public Guardian for Adults (Public Guardian), established in May 2010, provides guardianship services to individuals who lack the mental capacity to make informed health, placement, or financial decisions. The Public Guardian serves when no private guardian is available. After appointment, the staff visits each ward at least four times a year to make decisions for the welfare of the ward. The ward's status is then reported to the court once a year.

**Senior Community Service Employment Program**

The Senior Community Service Employment Program is a part-time program for low-income persons age 55 and over who have poor employment prospects. Program participants receive assignments at community and government agencies and are paid the Federal or State minimum wage, whichever is higher. Participants may also receive assistance in developing job search skills and locating permanent employment. During their training, participants work with their local Employment and Training Coordinator to achieve permanent part-time or full-time, unsubsidized employment either at their host agency or with other employment sources in their area. Some of the benefits participants receive while in the program include: temporary paid work experience; improvement of marketable skills; development of new skills, and an opportunity to establish a current work history.

**Senior Medicare Patrol (SMP)**

The Arkansas Senior Medicare Patrol project's mission is to educate and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report healthcare fraud, errors and abuse through outreach, counseling, and education. The Arkansas SMP recruits consumers as volunteer resources to help provide awareness of fraud and scams targeting senior citizens statewide, thereby protecting them from becoming victims.

## QUALITY ASSURANCE PROGRAM

The DAAS Quality Assurance (DAAS QA) Program strives to develop a quality improvement unit that evaluates the performance of all of DAAS Home and Community-Based (HCBS) programs. At the present time, this unit works with the HCBS waiver programs and directly reports to the Division of Medical Services (DMS) Quality Assurance Program. Listed below are the following items that are sent from DMS to DAAS for review:

1. *Monthly, clinical record reviews evaluating the three waiver programs.*  
A minimum of 10% of both active and closed records are reviewed. The purpose of the clinical record review is to evaluate all services provided for consistency with professional practice standards; compliance with the plan of care; the appropriateness, effectiveness and adequacy of the services offered; and evaluations of anticipated patient outcomes. Evaluations are based on specific record review criteria that are consistent with the Arkansas Medicaid Provider Manuals. When overpayment has been identified, DAAS QA prepares an overpayment recoupment report. This overpayment report is sent to the provider via certified mail. If the provider has not responded by asking for a reconsideration or by sending a payment, DAAS QA coordinates with DHS Office of Finance Administration's (OFA) Accounts Receivable section to recoup monies that have been overpaid. DAAS QA also has a working relationship with the Arkansas Office of Medicaid Inspector General (OMIG). When suspected fraud, waste, or abuse has been discovered, referral from DAAS QA is made to Office of Medicaid Inspector General (OMIG).
2. *Provider certification reviews, which include EC, AAPD and LCAL.*
3. *Daily Error Reports for each month.*
4. *DAAS runs on demand reports on a daily basis and corrects these reports.*  
DMS reviews and submits findings that were not corrected.
5. *Quarterly Tracking Reports produced by DAAS registered nurses which consist of three client recipient profiles.*  
When overpayment has been identified, DAAS QA prepares an overpayment recoupment report. This overpayment report is sent to the provider via certified mail. If the provider has not responded by asking for a reconsideration or by sending a payment, then DAAS QA coordinates with DHS OFA Accounts Receivable to recoup monies that have been overpaid.
6. *Quarterly Recipient Reporting with overlapping LCAL, EC, AAPD and Institutional Services.*  
When overpayment has been identified, DAAS QA prepares an overpayment recoupment report. This overpayment report is sent to a provider via certified mail. If the provider has not responded by asking for a reconsideration or by sending a payment, then DAAS QA coordinates with DHS OFA Accounts Receivable to recoup monies that have been overpaid.

## **DISASTER PREPAREDNESS PLAN**

The Arkansas Department of Emergency Management (ADEM) is Arkansas' Homeland Security and Preparedness Agency. ADEM serves as the state's coordination center for all four stages of emergency management: preparedness, response, recovery and mitigation. The State's Emergency Operations Center (SEOC) is housed at ADEM. In a disaster, the SEOC utilizes representatives from various state agencies to ensure that assistance can be provided quickly. ADEM also works with local governments to ensure that the affected communities return to normal as soon as possible.

In the event of a disaster, at the local level, Area Agency on Aging staff assists in numerous ways. Case Managers/Care Coordinators check on their clients and do outreach in the affected area(s). They also assist seniors when a local senior citizen housing unit is damaged during a winter storm. Residents are either placed with their families or transported to a local emergency shelter. Even residents who have animals can take comfort in the fact that the Case Managers/Care Coordinators make sure that their animals are relocated to local animal shelter. LTC Ombudsmen visit the nursing homes and offer assistance in the event a nursing home is damaged during a tornado or winter storm. Senior Activity Centers are also used by the ADEM and FEMA as a command post to assist those in the affected area, as well as, serving as nutrition sites and shelter from the elements.

In order to assist Arkansas' senior citizens in being prepared in the event of a disaster, DAAS partnered with the Arkansas Red Cross, ADEM, and FEMA to create an individual disaster preparedness program titled ASAP (Arkansas Seniors Are Prepared). Using the Red Cross "Be Ready" Campaign as a basis, the ASAP program prepares seniors for disasters by teaching them the fundamentals of having an individual disaster plan, a disaster preparedness kit, and being informed about what to do in the event of a disaster of any type. This program is designed to introduce Arkansas' senior citizens to the concept of emergency preparedness. Senior citizens learn about the need to plan for emergencies before an emergency takes place, how to stay safe in the event of a disaster, the importance of assembling a disaster supply kit, and the need to maintain their disaster supply kit over the years.

DAAS takes the lead role in sending out impending weather information as they receive it to the AAAs. A system is in place where the AAAs report to DAAS on what has occurred in their respective regions and how they served those in need and their communities when the disaster occurred. DAAS, in turn, reports to the regional Administration for Community Living office. After a disaster has occurred, DAAS then sends any information received regarding disaster relief assistance locations, etc. DAAS also maintains the AAAs' Disaster/Emergency Preparedness Plans and requires the AAAs to submit updates/changes annually.

## **FEDERALLY REQUIRED FOCUS AREAS**

### **Title III and Title VI Coordination**

This is inapplicable in Arkansas as there are no federally funded/recognized tribes in the State.

### **Faith-Based and Community Organizations**

The AAAs work with various faith-based and community organizations such as the United Way, Wal-Mart, Arvest Banks, city and county governmental agencies for donations and fund raising activities. In addition, many MIPPA events are held in faith-based facilities.

The Tri-County Rural Health Network (TCRHN) Community Connector Program continues to establish formal working relationships with community organizations in each of their 15 targeted counties that assist their staff in providing community connecting services. These formal relationships involve such task as making referrals, gathering information, answering questions, and/or collaboration for problem solving.

Previously, the SMP program partnered with the TCRHN Community Connector Program to overcome the barrier of mistrust of government programs among African American residents of one of the poorest, most rural areas in the nation: The “lessons learned” meetings were held in community churches in each target area, since the “Church is the spiritual and social center of their communities.” For this reason, numerous events are being held in these locations.

## STATE PLAN DEVELOPMENT

### Advisory Committee

The development of this plan was based on input from various individuals and entities. Initially, an Advisory Committee was formed. This included:

- 3 Area Agency on Aging Directors;
- 5 Area Agency on Aging Chief Financial Officers;
- 7 Area Agency on Aging Representatives;
- 5 Division of Aging and Adult Services (DAAS) Representatives;
- 1 Governor’s Advisory Council on Aging (GACA) Representative; and
- 1 Silver Haired Legislators Alumni Association (SHLAA) Representatives.

It is important to note that the GACA Representative was also a service provider and the SHLAA representative were both seniors. Two of the representatives from DAAS were from the Older American’s Act Unit and one was from the Policy and Program Development Unit. The focus of this meeting was the gaps in services for seniors in Arkansas.

### AAA Meetings

Meetings, emails, and phone calls have occurred with AAA staff throughout the State. Staff from DAAS always attends the Arkansas Association of Area Agencies on Aging, Inc. monthly meeting, but at one meeting the Arkansas State Plan was specifically discussed. This is a nonprofit association of all 8 Arkansas Area Agencies on Aging that advocates for older Arkansans; promotes the development and coordination of resources supportive of older Arkansans; and presents statements on issues and concerns affecting older Arkansans. Information received has been beneficial for developing ideas, identifying program needs, and reflecting on the history of the aging network in Arkansas.

### Aging Network Survey

A survey conducted via Survey Monkey was developed and distributed to various members of the aging network in Arkansas. This included employees from AAAs, service providers, and senior related organizations. Some of the questions included were:

- What is the most significant gap in services for seniors in your area?
- In what areas are training and/or technical assistance needed to meet the needs of seniors in your area?
- What challenges do you see the State Aging Network facing in the next 4 years?

The following tables illustrate the answers from the 178 responses received. The survey tool allows an individual to leave a question blank or to have multiple answers to each question. For this reason, the total number of each table will not be equal to 178 and the total percentage will not be 100 percent.

#### *Most Significant Gap in Services*

Response	Percent	Total #
Transportation	31.4%	53
Rural Areas	20.1%	34
In-Home Services	15.4%	26
Mental Health Services	8.3%	14
Home Delivered Meals	7.7%	13
Legal Services	5.3%	9
Congregate Meals	1.2%	2

***Training Topic Needs***

Response	Percent	Total #
Recognizing and reporting abuse, neglect, and/or financial exploitation	49.4%	84
Senior Center Programs	48.8%	83
Nutrition	31.2%	53
LGBT issues	5.3%	9
HIV/AIDS issues	4.1%	7

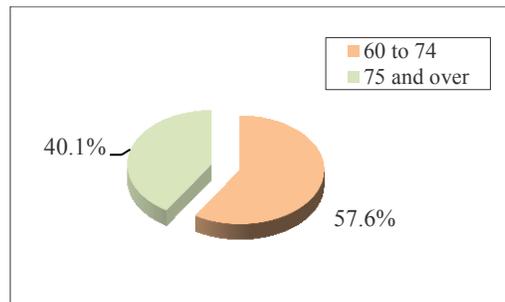
***Challenges in the Next 4 Years***

Response	Percent	Total #
Funding	81.5%	145
Increasing senior population	53.9%	96
Hunger	28.7%	51
Victims of abuse, neglect, and/or financial exploitation	28.7%	51
Federal mandates	24.7%	44
State mandates	22.5%	40
LGBT clients	3.9%	7
HIV/AIDS	2.2%	4

**Senior Population Survey**

A second survey conducted via Survey Monkey was developed and distributed to various seniors from all over Arkansas. Responses were received from 579 seniors from throughout the State. As with the Agency Survey, the questions were not mandatory and some allowed for multiple answers. Of the respondents who completed the question regarding age, the majority of respondents were between 60 and 74 years of age, as illustrated below.

***Age***



The survey population was not focused on seniors that are currently using senior services or attending senior centers. Actually, of the respondents, 51.8 percent do not participate in any senior activities. Of those that do participate in activities, the breakdown was as follows:

### *Senior Activities*

Response	Percent	Total #
Congregate meals	65.3%	256
Educational programs	31.6%	124
Physical fitness programs	31.4%	123
Entertainment	24.2%	95
Volunteer opportunities	24.0%	94
Trips	17.6%	69
Transportation service	13.8%	54
Mental health programs	10.2%	40
Home delivered meals	9.7%	38
Special interest clubs (e.g. book club, garden club, walking club, ect.)	9.2%	36
Other	9.2%	36
Art programs	4.3%	17

In addition, almost 30 percent of respondents were currently employed and approximately half live alone. The respondents were also racially diverse with 75.3 percent being white, 22.0 percent black, and the remaining in various categories. The table below displays the concerns of the respondents regarding aging.

### *Concerns of Seniors*

Response	Percent	Total #
Being mentally competent	43.2%	240
Driving to a destination	29.2%	162
Living free from abuse, neglect, or financial exploitation	25.0%	139
Taking the correct medication and/or dosage	22.7%	126
Cooking your own meals	21.4%	119
Where you will live	21.3%	118
Spending time with friends	18.9%	105

#### **Public Hearing**

A Public Hearing was held, in May 2015, to solicit input from the public regarding the Arkansas State Plan. This included attendance from AAA and OAA staff.

#### **Defining Objectives**

After reviewing information received from all avenues of the Arkansas aging network, as well as seniors in the State, the five major goals were examined. These include:

1. Empowering older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.
2. Enabling seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

3. Empowering older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
4. Ensuring the rights of older people and prevent their abuse, neglect and exploitation.
5. Maintaining effective and responsive management.

Objectives and correlating strategies were organized to compliment the first four goals.

## GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

### **GOAL 1: EMPOWER OLDER PEOPLE, THEIR FAMILIES, AND OTHER CONSUMERS TO MAKE INFORMED DECISIONS ABOUT, AND TO BE ABLE TO EASILY ACCESS, EXISTING HEALTH AND LONG-TERM CARE OPTIONS**

#### **Objective 1 (Focus Area – Participant-Directed/Person-Centered Planning)**

*DAAS will improve access to Long-Term Services and Supports (LTSS) Home and Community Based Services for older adults, informal caregivers, and the aging population.*

##### **Strategies:**

1. The Arkansas Choices in Living Resource Center (ADRC) will serve as an entry point for access to publicly funded LTSS services.
2. Options counseling will be standardized and collaboration between the Money Follows the Person program, the Alternatives Plus Medicaid Expansion Program, and the ADRC will be strengthened.
3. DAAS will work with the DHS Divisions of County Operations (DCO) and Medical Services to improve the eligibility processes across multiple programs and systems.
4. DAAS will employ a total of 20 staff (through Alternatives Plus Medicaid Expansion Program) to serve as LTSS eligibility facilitators and local options counselors.

##### **Outcomes/Performance Measures:**

1. The eligibility processes across multiple programs and systems will be improved.
2. Nursing home transitioning programs (i.e. “rebalancing”) will be further developed and implemented.

#### **Objective 2 (Focus Area - Participant-Directed/Person-Centered Planning)**

*DAAS will develop an integrated data system (Universal Assessment) across long-term care services related to acuity, cost, outcomes, providers, and service settings efforts to balance the LTSS system and manage costs.*

##### **Strategies:**

1. The scope of work for the data system will be completed to guarantee that the system:
  - a. Ensures services are not provided to ineligible clients;
  - b. Provides critical data on acuity levels; and
  - c. Assesses risk indicators and identify protocols for managing chronic conditions.

##### **Outcomes/Performance Measures:**

1. Detailed data will be compatible across programs for the purpose of program and budget development.
2. Budget accountability will be created by ensuring that correct eligibility determinations are consistently determined.
3. Reliability will be standardized.

4. Accurate assessments and service plans will be developed.
5. Management of client liability and protection of vulnerable adults will be improved by assessing and identifying risk indicators.

**Objective 3 (Focus Areas - OAA Core Programs and Participant-Directed/Person-Centered Planning)**

*DAAS/AAAs will provide information and assistance services and outreach services for older adults, informal caregivers, and the aging population.*

**Strategies:**

1. The AAAs will provide Information and Assistance, Advocacy, and Outreach without a waiver from DAAS.
2. DAAS will provide guidance to the AAAs to ensure that preference is given to older individuals with the greatest economic and/or social needs, with particular emphasis on minority older persons with low-incomes and older persons residing in rural areas.
3. The Aging and Disability Resource Center (ADRC) will provide Information and Assistance, and Outreach.
4. DAAS will coordinate programs under Title III and VI, when feasible.

**Outcomes/Performance Measures:**

1. Quarterly Aging Services Progress Reports will be submitted to DAAS by the AAAs on a form provided by DAAS.

**Objective 4 (Focus Areas - OAA Core Programs and Participant-Directed/Person-Centered Planning)**

*DAAS/AAA will expend allotted Title III Part B funds for Priority Services toward information/assistance and outreach for mental health services.*

**Strategies:**

1. Each AAA will conduct or host one in-service workshop, annually, for consumers of the targeted population in at least one underserved county within their PSA on mental health issues and referrals.
2. The AAAs will coordinate with various governmental and private agencies responsible for aging and mental health to increase public awareness of mental health disorders and services, as well as to coordinate services with community mental health providers.
3. The AAAs will implement one evidence based program with a mental or cognitive health component.
4. The ADRC will make referrals to the Division of Behavioral Health Services when appropriate for mental health issues.

**Outcomes/Performance Measures:**

1. At the end of the plan cycle, 100% of Arkansas AAAs will be implementing one evidence based program with a mental or cognitive health component.

**Objective 5 (Focus Area – Participant-Directed/Person-Centered Planning)**

***DAAS will improve access to LTSS Home and Community Based Services for older adults and adults with physical disabilities in the Delta section of Arkansas.***

**Strategies:**

1. The Community Connector Program was established to improve access to home and community based services for fifteen eastern Arkansas counties: Phillips, Lee, Monroe, Mississippi, Crittenden, St. Francis, Cross, Woodruff, Desha, Chicot, Jefferson, Arkansas, Lincoln, Drew and Ashley counties. Over 23% of the population in the Delta region lives below the poverty level.
2. The Community Connectors will refer eligible clients to the DHS County Office to apply for Medicaid and assist clients with the completion of the application process.
3. The Community Connectors will inform potentially Medicaid eligible elderly adults and adults with physical disabilities about home and community-based Medicaid programs and services such as, Alternatives for Adults with Physical Disabilities, ElderChoices, IndependentChoices, Personal Care, Home Health, and Durable Medical Equipment (DME).
4. Tri-County Rural Health Network, the administrator of The Community Connector Program, will establish formal working relationships with at least three community organizations involving such tasks as making referrals, gathering information, answering questions, and/or collaboration for problem solving.

**Outcomes/Performance Measures:**

1. The desired outcome is that at least 1,980 elderly or adult disabled residents will be assisted by the Community Connector Program annually.

**GOAL 2: ENABLE SENIORS TO REMAIN IN THEIR OWN HOMES WITH HIGH QUALITY OF LIFE FOR AS LONG AS POSSIBLE THROUGH THE PROVISION OF HOME AND COMMUNITY-BASED SERVICES, INCLUDING SUPPORTS FOR FAMILY CAREGIVERS**

**Objective 1 (Focus Area - OAA Core Programs)**

***Through the National Family Caregiver Support Program (NFCSP), DAAS/AAAs will enhance long-term care supports and services for informal caregivers.***

**Strategies:**

1. The AAAs will collaborate with community-based private-pay providers to increase caregiver supports and resources.
2. The AAAs will ensure that the comprehensive entry point system targets the information necessary for informal caregivers.
3. The AAAs will administer the customer service survey for the NFCSP program.

**Outcomes/Performance Measures:**

1. The survey results each year will be analyzed by DAAS. The desired outcomes are:
  - a. Increased customer satisfaction with caregiver services by approximately 5% to 10% statewide at the end of the plan cycle; and

- b. Increased percentage of seniors receiving counseling and attending support group meetings by approximately 5% to 10% statewide at the end of the plan cycle.

**Objective 2 (Focus Area - OAA Core Programs)**

*DAAS/AAAs will increase public awareness to maximize state and local resources dedicated to serving caregivers.*

**Strategies:**

1. The AAAs will encourage community partnerships that support family and friends who are caring for seniors.
2. The AAAs will market the caregiver messages throughout all senior services.
3. The ADRC will provide information regarding resources to caregivers including available respite services and programs for which they may be eligible; volunteer respite and caregiver trainings offered in their particular areas of the state; and well as other caregiver information that will be accessible on the Arkansas Lifespan Respite link of the DAAS website.

**Outcomes & Measurements**

1. The desired outcomes are:
  - a. Reduced percentage of caregivers reporting difficulty in accessing services by approximately 5% to 10% statewide at the end of the plan cycle;
  - b. Increased percentage of caregivers accessing services by approximately 5% to 10% statewide at the end of the plan cycle; and
  - c. Increased percentage of individuals accessing information through coordinated systems by approximately 5% to 10% statewide at the end of the plan cycle.

**Objective 3 (Focus Area - Participant-Directed/Person-Centered Planning)**

*Through the Money Follows the Person program, DAAS will enable eligible persons, from designated institutions, to transition to and live in their choice of settings.*

**Strategies:**

1. DAAS will eliminate barriers that prevent or restrict the flexible use of Medicaid funds to enable eligible individuals from four target groups (elderly, adults with physical disabilities, persons with developmental disabilities, and adults with mental illness when dually diagnosed) to receive support for appropriate and necessary long term services in their choice of settings.

**Outcomes & Measurements**

1. The desired outcome is successful transitioning from institutional settings, of 760 individuals, to qualified community based settings during the planning period.

**GOAL 3: EMPOWER OLDER PEOPLE TO STAY ACTIVE AND HEALTHY THROUGH OLDER AMERICANS ACT SERVICES AND NEW PREVENTION BENEFITS UNDER MEDICARE**

**Objective 1 (Focus Area - OAA Core Programs and Participant-Directed/Person-Centered Planning)**

*DAAS/AAAs will empower older adults to take an active role in health promotion and disease prevention.*

**Strategies:**

1. The AAAs will implement at least one, ongoing, evidence based health promotion/disease prevention (EBHP/DP) intervention in the PSA addressing physical activity, fall prevention, nutrition/diet, or chronic disease self-management. Approved interventions include:
  - a. Stronger for Life;
  - b. Enhanced Fitness;
  - c. Healthy Moves;
  - d. Active Living Every Day (ALED);
  - e. Active Choices;
  - f. Fit and Strong;
  - g. Matter of Balance (MOB);
  - h. Stepping On;
  - i. Tai Chi: Moving for Better Balance;
  - j. Healthy Eating;
  - k. Stanford Model Chronic Disease Self-Management Program (CDSMP);
  - l. Enhanced Wellness;
  - m. Move with Balance;
  - n. Medication Management Improvement System (MMIS);
  - o. IMPACT (Improving Mood-Promoting Access to Collaborative Treatment);
  - p. PEARLS (Program to Encourage Active Rewarding Lives for Seniors);
  - q. Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors);
  - r. Stanford Model Diabetes Self-Management Program (DSMP);
  - s. Tomando (Spanish version CDSMP); and
  - t. Additional DAAS approved programs.
2. All Title III-D funded evidence-based health promotion programs must meet the highest standards as set by the ACL no later than October 1, 2016.
3. DAAS will assign staff to provide technical assistance to the AAAs for the implementation of EBHP/DP interventions.
4. DAAS will provide technical assistance to the AAAs in the development of a sustainability plan for EBHP/DP interventions.

**Outcomes/Performance Measures:**

1. AAAs will provide DAAS with the following information regarding the EBHP/DP intervention:
  - a. Contact information on the staff person assigned;
  - b. Strategy for implementing the EBHP/DP intervention;
  - c. Number of senior center in the PSA;
  - d. Details on assessment, monitoring, and data collection methods; and
  - e. Information on each subsequent intervention, as it is implemented.
2. AAAs will be required to assess all EBHP/DP interventions at least annually. The assessment/evaluation will include:
  - a. Process Evaluation; and
  - b. Outcome Evaluation as it applies to or is required by each individual program.
3. DAAS will monitor/assess the intervention at each AAA at least once during the four-year planning cycle.

**Objective 2 (Focus Area - OAA Core Programs and Participant-Directed/Person-Centered Planning)**

***DAAS will provide a fair opportunity for older adults to participate in the Senior Community Service Employment Program (Title V of the Older Americans Act).***

**Strategies:**

1. DAAS will work with the National Grantee operating the Senior Community Service Employment Program (SCSEP) in Arkansas to develop a Four Year Senior Community Service Employment Program State Plan.
2. In conjunction with the other National Grantees operating the SCSEP in Arkansas, DAAS will develop the Arkansas Senior Community Service Employment Program Equitable Distribution Report.
3. DAAS will work with the U. S. Department of Labor, Employment and Training Administration to conduct Participant and Host Agency Customer Satisfaction Surveys annually.
4. Once a year, DAAS will conduct Data Validation comparing documents in SCSEP Participants' files with the data entered into the SPARQ Data System. Once completed a detailed report will be compiled.

**Outcomes/Performance Measures:**

1. Submission of the Arkansas Senior Community Service Employment Program Four-Year State Plan to the U. S. Department of Labor, Employment and Training Administration and placement of the SCSEP State Plan on the DAAS Website.
2. The resulting SCSEP Equitable Distribution report will aid in progress toward more equity of Senior Community Service Employment Program positions throughout Arkansas and the report will be included in the SCSEP Four Year State Plan.
3. In order to improve SCSEP, DAAS will share the results of the SCSEP Participant and Host Agency Customer Satisfaction Surveys with the Division's SCSP Sub-grantee.
4. DAAS will provide the Division's SCSEP Sub-grantee with the detailed, compiled findings based on the Data Validation.

**Objective 3 (Focus Area - OAA Core Programs)**

***DAAS will collaborate with other agencies to develop a statewide transportation directory designed to enhance community mobility for older adults, people with disabilities and people with limited incomes.***

**Strategies:**

1. DAAS will update DAAS' *Let's Go a Directory of Transportation Options in Arkansas* annually.
2. The annual update of DAAS' *Let's Go a Directory of Transportation Options in Arkansas* will be in conjunction with the Area Agencies on Aging, the Arkansas Transit Association and other agencies operating transportation programs throughout Arkansas.

**Outcomes/Performance Measures:**

1. DAAS' *Let's Go a Directory of Transportation Options in Arkansas* will be used as a:
  - a. Resource for older drivers and riders;
  - b. Resource for People with Disabilities; and
  - c. Resources for People with Limited Incomes.
2. Updated versions of the *Let's Go a Directory of Transportation Options in Arkansas* will be placed on the DAAS website for access by a wide variety of individuals visiting the website.

**Objective 4 (Focus Area - OAA Core Programs and Participant-Directed/Person-Centered Planning)**

*DAAS will ensure that older adults will lead more meaningful, productive, and social lives.*

**Strategies:**

1. The AAAs will implement innovative fund raising and develop highly effective and innovative programs that will fully utilize the older adult's interests and experience.
2. DAAS has established the following minimum percentages, for each AAA, of 50% of Title IIIB funds for priority services. Of that amount, no less than the following amounts shall be spent on:
  - a. Access Services: 5%;
  - b. In-Home Services: 5%; and
  - c. Legal Assistance: 2%.

**Outcomes/Performance Measures:**

1. Quarterly Aging Services Progress Reports will be submitted to DAAS by the AAAs on a form provided by DAAS.

**Objective 5 (Focus Area - ACL Discretionary Grants)**

*Older Arkansans will be informed of new Medicare benefits through the Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance grant implementation statewide through the Arkansas's AAAs.*

**Strategies:**

1. The AAAs, which choose to participate in the grant, will develop relationships with community medical organizations to incorporate speakers for enrollment events which will also focus on disease prevention and wellness activities.
2. DAAS will provide the AAAs in Arkansas with updated brochures for LIS/MSP programs. These will be distributed to all partners as well as individuals' likely eligible for programs.
3. Each AAA will hold at least five outreach/enrollment events per year in their region and will notify DAAS of the events.
4. OAA and the ADRC will participate in AAA outreach/enrollment events when possible.
5. The ADRC will provide outreach to raise awareness and promote the Medicare Savings Programs; Prescription Drug plan benefits; and wellness and prevention benefits for Medicare recipients by offering information, assistance, and resources to individuals and families to support planning and informed decision-making about wellness and independence.

6. The ADRC will have available, on the DAAS' Choices in Living website, a Public Service Announcement entitled, "Good News for Arkansans on Medicare," featuring former Senator David Pryor, explaining the importance of Medicare benefits.

**Outcomes/Performance Measures:**

1. Each AAA will report semiannually on the number of events held and the number of applications completed.
2. The desired outcome is to extend and enhance beneficiary outreach in rural areas by increasing the number of people able to assist with outreach and assistance; establishing additional counseling and enrollment sites; increasing distribution of information through various means; improve monitoring of enrollment and outreach efforts; and establish new partnerships/relationships with agencies, professional boards, and organizations.

**Objective 6 (Focus Area - Participant-Directed/Person-Centered Planning)**

*DAAS/AAA in a coordinated state effort will develop and implement the Workforce Innovation and Opportunity Act (WIOA) "Employment First" policies and procedures that prioritize employment as the preferred service option for individuals with disabilities.*

**Strategies:**

1. DAAS/AAAs will provide support to DDS in the development of an application to CMS for a 1915i State Plan Amendment to provide integrated competitive employment of people with disabilities.
2. Staff from the Aging and Disability Resource Center (ADRC) will serve as members of the Vision Quest Core Team workgroup and assist in development of the 1915i State Plan Amendment.
3. The ADRC will provide referral, information and assistance to callers who seek information regarding employment for people with disabilities specifically making referrals to Project AWIN services that are designed to help Arkansas residents with disabilities understand and use the work incentives provided by the Social Security Administration.
4. DAAS will ensure that employment is discussed as a preferred option in service-planning meetings with working-age adults and provide services and supports to adults with disabilities within the AAPD Medicaid waiver programs who wish to obtain and maintain competitive integrated employment.

**Outcomes/Performance Measures:**

1. Track and evaluate progress made toward above strategies and provide outcomes in Quarterly Aging Services Progress Report that will be submitted to DAAS by the AAAs on a form provided by DAAS.

**GOAL 4: ENSURE THE RIGHTS OF OLDER PEOPLE AND PREVENT THEIR ABUSE, NEGLECT, AND EXPLOITATION**

**Objective 1 (Focus Area - OAA Core Programs, Participant-Directed/Person-Centered Planning, and Elder Justice)**

*DAAS will coordinate legal assistance, advice, technical support, provider training, and consumer education for older individuals.*

**Strategies:**

1. The Legal Assistance Developer (LAD) for DAAS will ensure:
  - a. Leadership in securing and maintaining legal rights of older individuals;
  - b. Coordination of the provision of legal assistance;
  - c. Provision of technical assistance, training, and other supportive functions to AAAs, legal assistance providers, ombudsman, and others;
  - d. Promotion of financial management services for older individuals at risk of conservatorship;
  - e. Assistance to older individuals in understanding their rights, exercising choices, benefiting from services and opportunities and maintaining the rights of older individuals at risk of guardianship; and
  - f. Improvement of the quality and quantity of legal services provided to older individuals.
2. The LAD will be the Assistant Director over the Older Americans Act Unit.
  - a. Section 721 funding will be used for training on Adult Protective Services and elder justice/abuse.
3. DAAS will provide specific funding to Center for Arkansas Legal Services and Legal Aid of Arkansas to provide legal assistance on a statewide basis to Arkansas seniors. This endeavor will be overseen by the LAD.
4. The AAAs will enter into contracts with providers of legal assistance which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by ACL.
  - a. Each contract will specifically include provisions that the contractor is subject to certain regulations promulgated under the Legal Service Corporation Act and involve the private bar in furnishing services to older individuals on a pro-bono or reduced fee basis.
  - b. Legal assistance is provided to older individuals with social or economic needs and is coordinated with other programs serving elders, in order to concentrate the use of funds to serve individuals with greatest needs.
5. Each AAA will conduct or host an annual seminar on legal services and issues available for the targeted aging population in at least one underserved county within their PSA.
  - a. Funding for this seminar may be expended in the following manner: 1% as outreach and 1% legal services. It is recommended however, that local funding be utilized to the greatest extent possible.
6. DAAS will host a Biannual Elder Justice Symposium which will include speakers and attendees from the criminal justice community and aging community to increase awareness of elder justice issues.

**Outcomes/Performance Measures:**

- a. The desired outcome is that legal assistance will be provided to older individuals with social or economic needs and is coordinated with other programs serving elders, in order to concentrate the use of funds to serve individuals with greatest needs.

**Objective 2 (Focus Area - OAA Core Programs, Participant-Directed/Person-Centered Planning, and Elder Justice)**

*The Arkansas LTC Ombudsman Program will assure that long term care facility residents have the right to live their lives harmoniously and with dignity, feeling free to voice complaints or concerns without reprisal.*

**Strategies:**

1. DAAS will recommend there be 2 full time Regional LTC Ombudsmen per AAA.
2. DAAS will recommend there be at least one Certified Volunteer LTC Ombudsman per licensed facility.
3. DAAS/AAAs will work together to increase awareness to the public regarding LTC Ombudsman services.
4. DAAS will meet all minimum standards at both the state and local program levels as defined by the Older Americans Act.
5. The DAAS Office of State Long Term Care Ombudsman (OSLTCO) will provide education and tools on a statewide basis to ensure that all local programs are in compliance with the ACL/AOA final rules as effective July 1st, 2016.

**Outcomes/Performance Measures:**

1. The desired outcome is to meet the Institute of Medicine's recommendation of one full time Regional Ombudsman program per two thousand licensed beds and to have at least one Certified Volunteer LTC Ombudsmen per facility.
2. The DAAS OSLTCO will prepare necessary adjustments regarding ACL/AOA Final rules to be effective July 1st, 2015.

**Objective 3 (Focus Area – Elder Justice)**

***The Arkansas Senior Medicare Patrol (SMP), through DAAS, will empower beneficiaries and consumers to prevent health care fraud through outreach and education.***

**Strategies:**

1. SMP will foster statewide coverage in Arkansas by: expanding the volunteer network through partnering, sub-granting with other area, regional or statewide organizations; use of toll-free lines; website redevelopment and implementation of statewide media and outreach plans.
2. SMP will improve beneficiary education and beneficiary fraud inquiry resolutions by enhancing volunteer recruitment, screening, training, and management in order to reduce risk, provide more effective service, and enhance the quality of beneficiary education.
3. SMP will improve the efficiency of the program while increasing operational and quality measures through use of the SmartFacts data system to collect data, track, assess, and measure program performance.
4. SMP will target training and education to better serve rural beneficiaries by targeting vulnerable populations that are traditionally underserved due to isolation, ethnic, cultural, language barriers, socioeconomic or other factors.

**Outcomes/Performance Measures:**

1. The desired outcomes, per year, include.
  - a. Increased percentage of volunteers by 5% to 10%;
  - b. Increased percentage of elderly beneficiaries educated, by group and one-on-one sessions, by 10 % to 15%; and
  - c. Increased percentage of beneficiary inquires resolved by 10% to 15%.

**Objective 4 (Focus Area – Elder Justice)**

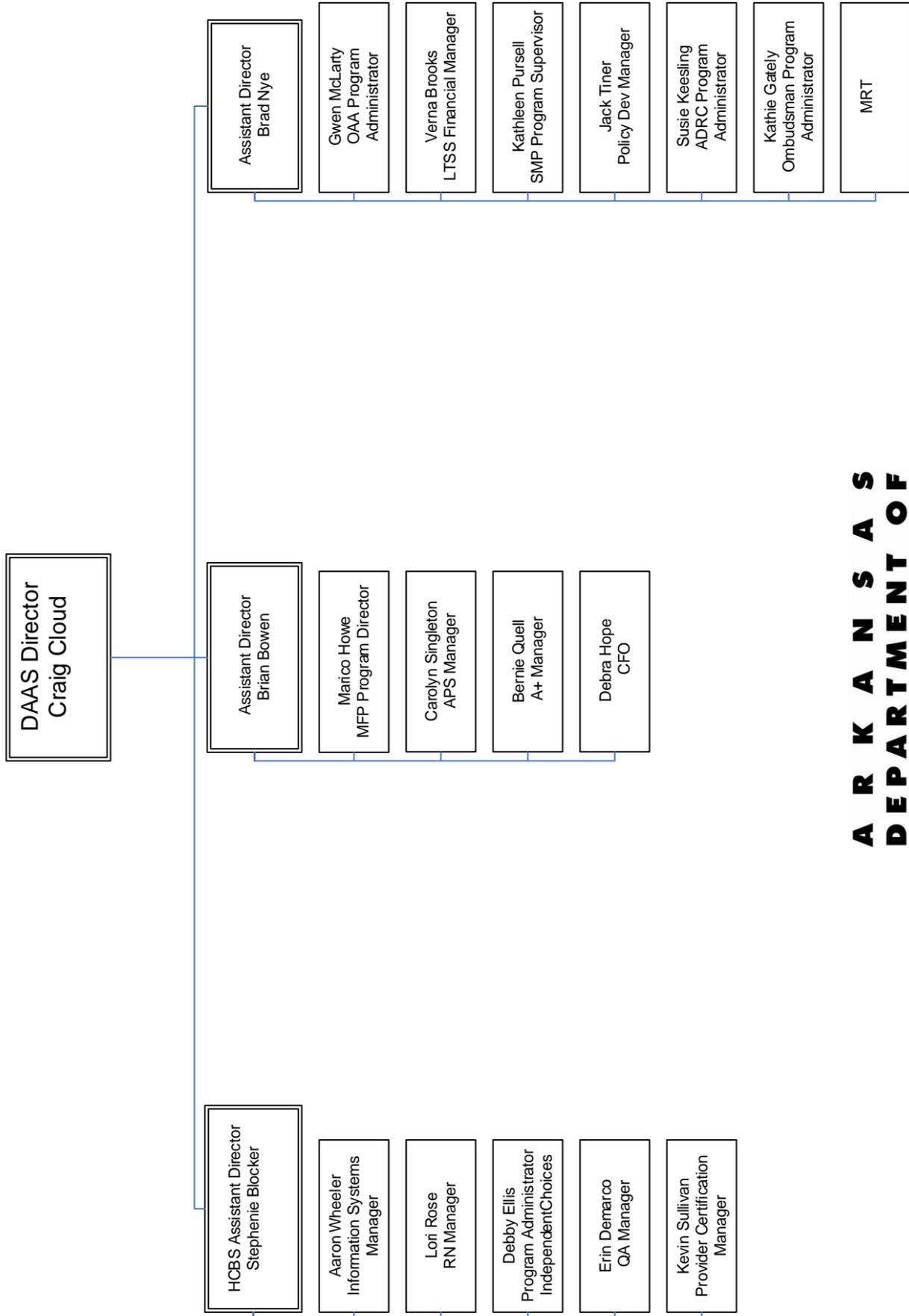
***DAAS will increase the ability of Arkansas service professionals to recognize and report cases of elder abuse, neglect, and exploitation.***

**Strategies:**

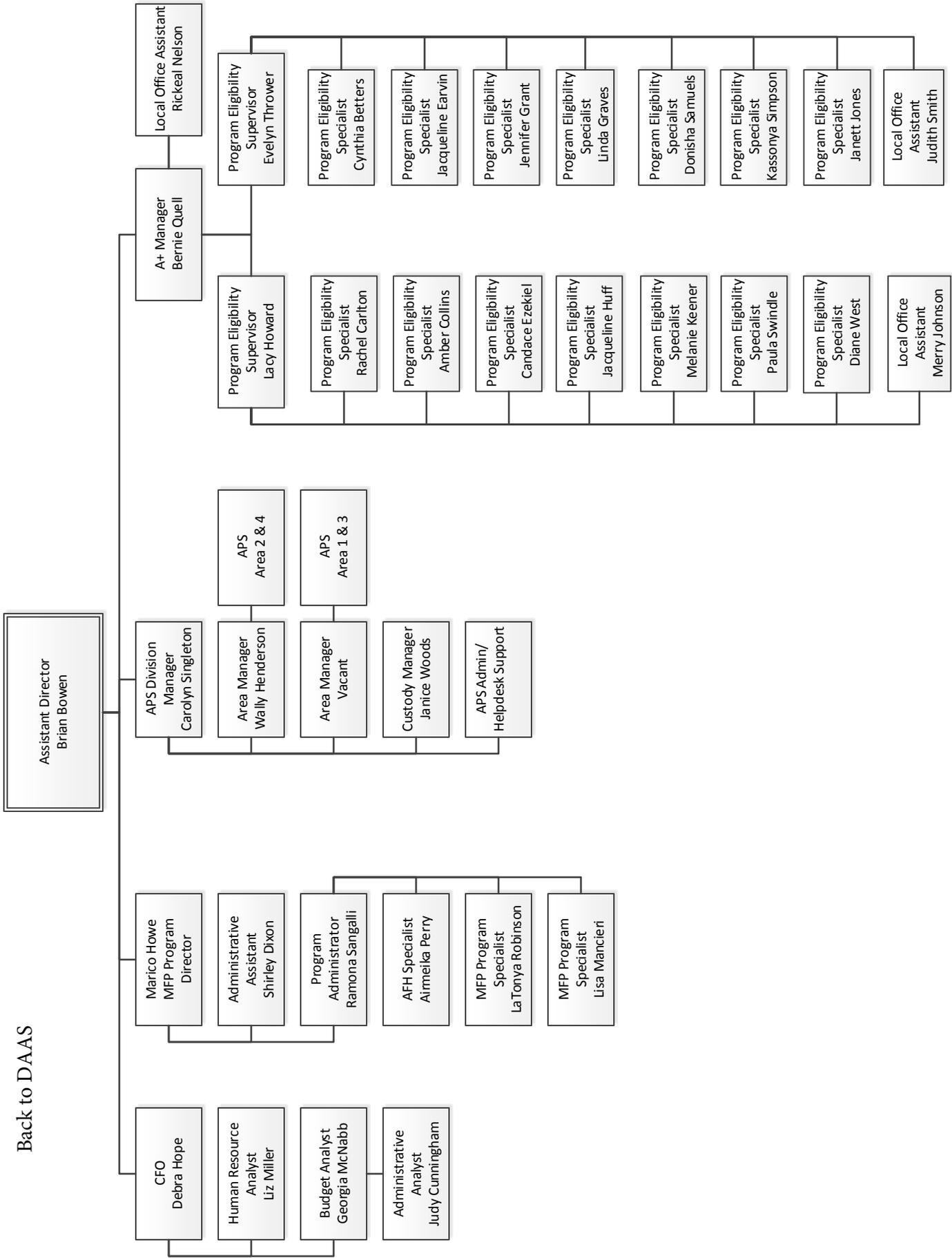
1. DAAS will provide training programs to assist service professionals from all 8 AAAs in recognizing and reporting cases of elder abuse, neglect, and exploitation.
2. DAAS will work to enhance the data collection and reporting of elder abuse, neglect, and exploitation offenses/cases.
3. DAAS will partner with the AAAs in creating local and statewide resource guides to be used by service professionals in connecting victims to available services.

**Outcomes/Performance Measures:**

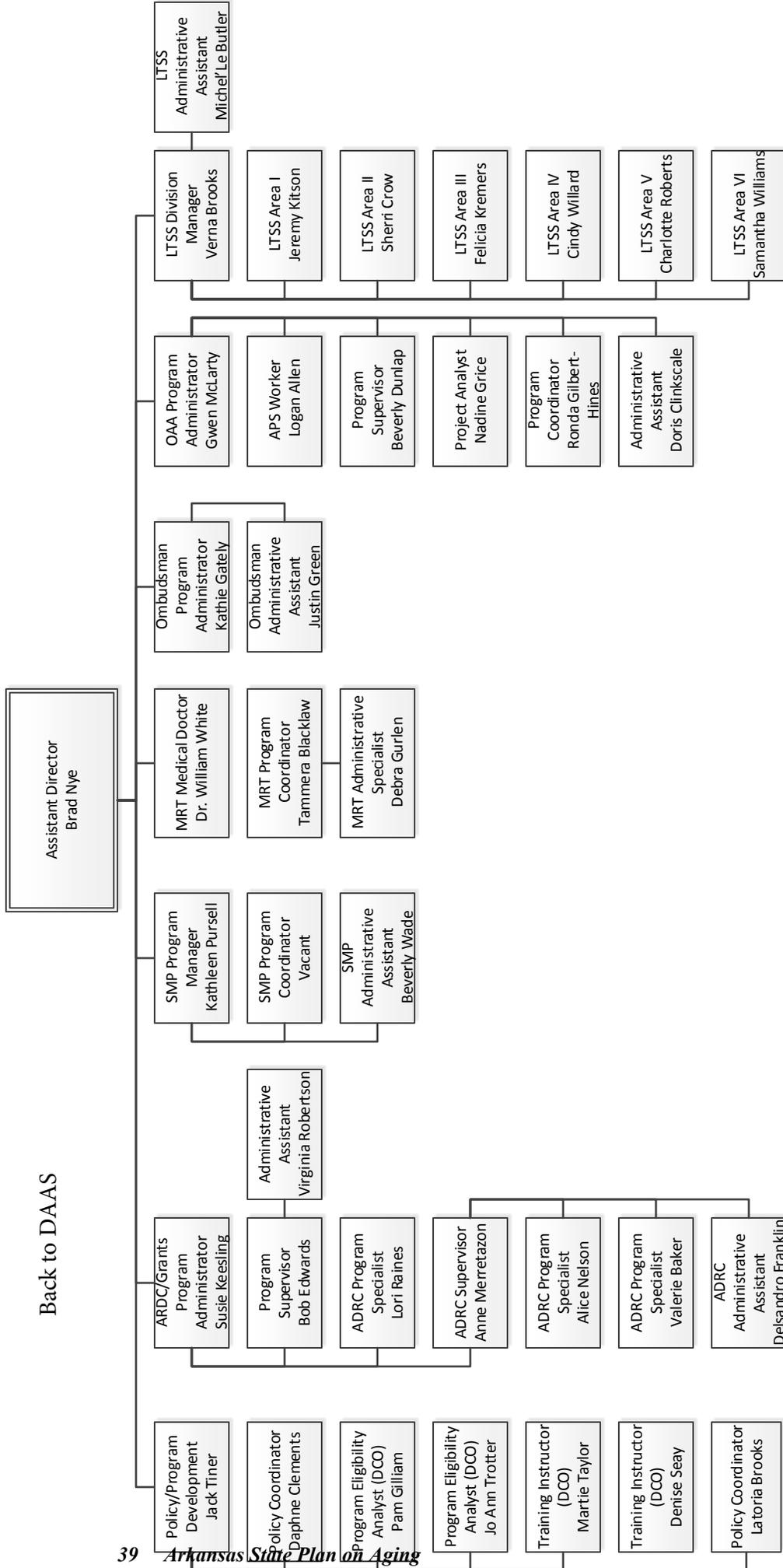
1. 75% of all AAA direct service staff will be trained in recognizing and reporting cases of elder abuse, neglect, and exploitation.
2. Enhanced relationships between DAAS, AAAs, and the criminal justice community are expected from this endeavor.
3. DAAS will develop a Victim Resource Guide and a Law Enforcement Resource Guide focusing on elder abuse, neglect, and exploitation.



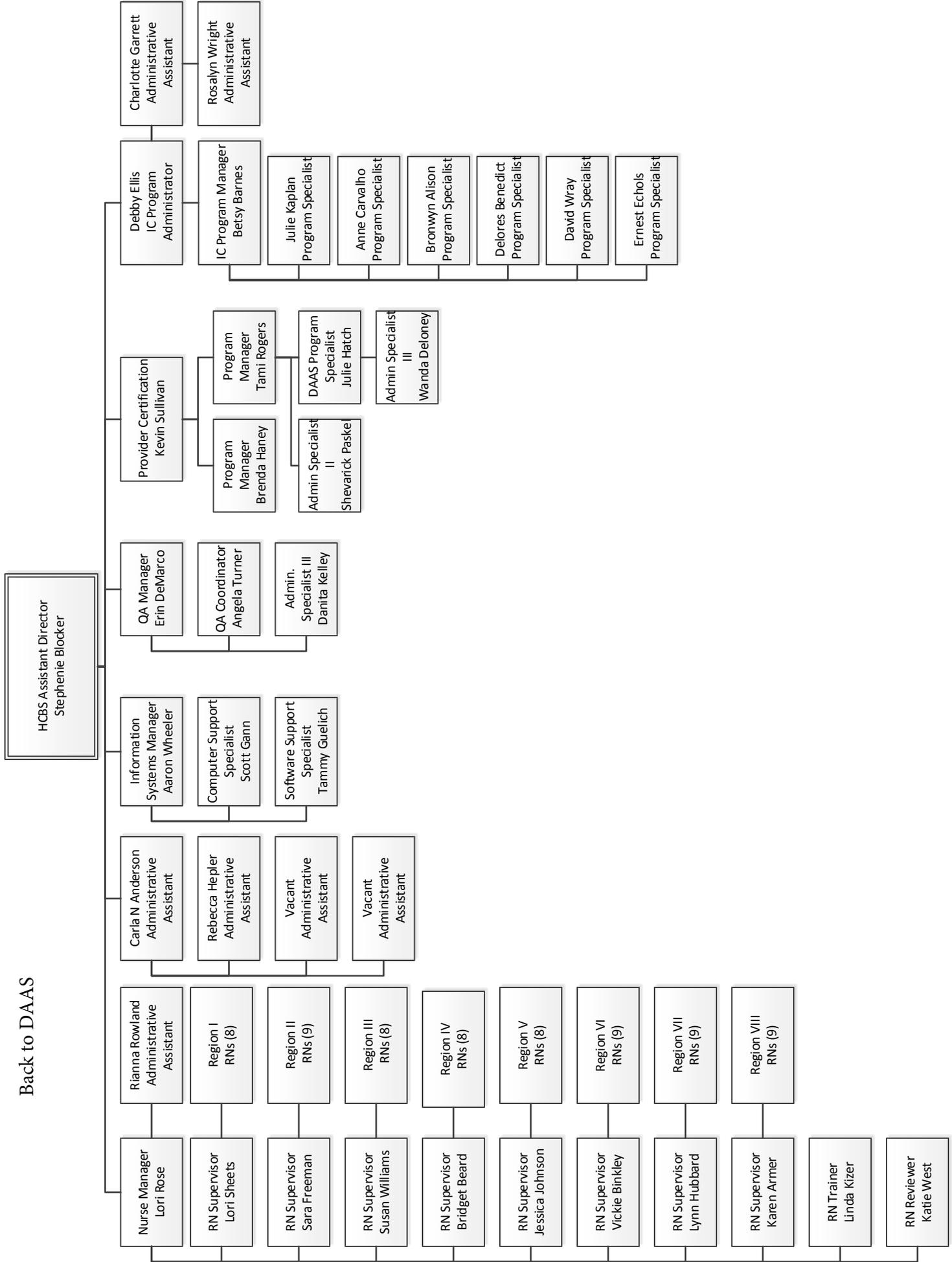
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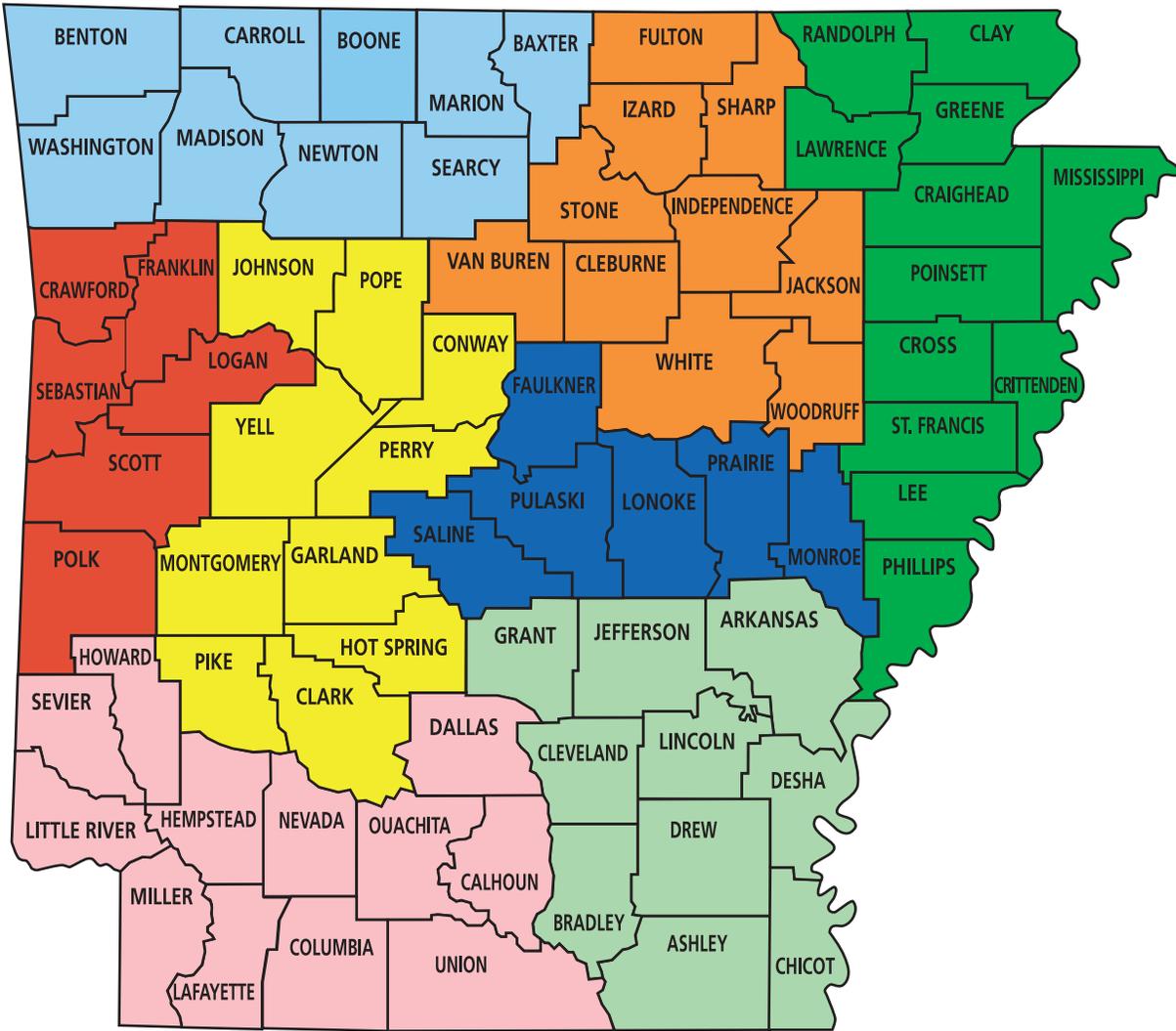
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# AAA Regions



- Region I - Northwest
- Region II - White River
- Region III - East
- Region IV - Southeast
- Region V - Central/CareLink
- Region VI - West Central
- Region VII - Southwest
- Region VIII - West

**106.000 Funding Formula****9-1-2012**

The Division of Aging and Adult Services (DAAS) will develop a formula for the equitable distribution of funds to the Area Agencies on Aging (AAA); to comply with the Older Americans Act regulations to develop a formula for the distribution of Title III funds and to apply the same methodology to the distribution of other funds.

**106.001 General Authority****9-1-12**

Older Americans Act of 1965 (As Amended in 2006).  
Arkansas Code Annotated (Section 25-10-101 et seq.).  
Social Service Block Grant

**106.100 Allocation Procedure****9-1-12**

The funding for Area Agencies on Aging (AAAs) will be allocated as follows:

- A. Each of the eight AAAs will receive 1% of the total amount to be distributed from each funding source.
- B. Of the remainder:
  1. 50% will be distributed based on each region's proportion of Arkansans aged 60 and older.
  2. 40 % will be distributed based on each region's proportion of low-income Arkansans aged 60 and older.
  3. 10% will be distributed based on each region's proportion of low-income minority Arkansans aged 60 and older.

**106.200 Updates****9-1-12**

DAAS will revise and update the AAA allocation annually, as relevant demographic information becomes available.

Proposed Distribution - Title III Funds (SFY 2016)

U.S. Census Bureau

Population, Low Income Population, and Low Income Minority Population for Persons 60 and Over by Region  
 County Pop. Est. by Groups 2013 CENSUS 2013 DATA TABLES CENSUS 2013 DATA TABLES

AAA	60+			60+			60+		
	Total Population	50% Population	Low Income	Low Income	Low Income	Low Income	Low Income	Low Income	Low Income
A. Region I	115,256	57,628	9,646	3,858	1,150	115			
B. Region II	59,948	29,974	7,079	2,832	519	52			
C. Region III	77,641	38,821	10,948	4,379	3,951	395			
D. Region IV	45,033	22,517	6,002	2,401	3,201	320			
E. Region V	125,176	62,588	10,045	4,018	3,928	393			
F. Region VI	73,931	36,966	7,318	2,927	1,132	113			
G. Region VII	50,783	25,392	5,966	2,386	2,868	287			
H. Region VIII	53,725	26,863	5,740	2,296	788	79			
<b>I. TOTAL</b>	<b>601,493</b>	<b>300,747</b>	<b>62,743</b>	<b>25,097</b>	<b>17,538</b>	<b>1,754</b>			

Percent of Total 60+ Population by Region

AAA	60+			60+			60+		
	% Total Population	50% Allotment	% Low Income	Low Income	% Low Income	% Low Income	Low Income	% Low Income	Low Income
A. Region I	19.16%	0.095808264	15.37%	0.061493559	6.56%	0.006558454			
B. Region II	9.97%	0.049832666	11.28%	0.04512903	2.96%	0.002959665			
C. Region III	12.91%	0.064540236	17.45%	0.06979336	22.53%	0.022530583			
D. Region IV	7.49%	0.037434351	9.57%	0.03826109	18.25%	0.018253995			
E. Region V	20.81%	0.104054411	16.01%	0.064040496	22.39%	0.022394135			
F. Region VI	12.29%	0.061456243	11.66%	0.046653974	6.45%	0.006453697			
G. Region VII	8.44%	0.042214124	9.51%	0.038035494	16.35%	0.016353621			
H. Region VIII	8.93%	0.044659705	9.15%	0.036592998	4.50%	0.004495851			
<b>I. TOTAL</b>	<b>100.00%</b>	<b>0.5</b>	<b>100.00%</b>	<b>0.4</b>	<b>100.00%</b>	<b>0.1</b>			

Percentage to be Applied to Remaining Funds after 1% Base of Total Funds

AAA	SFY 16
A. Region I	16.39%
B. Region II	9.79%
C. Region III	15.69%
D. Region IV	9.39%
E. Region V	19.05%
F. Region VI	11.46%
G. Region VII	9.66%
H. Region VIII	8.57%
<b>I. TOTAL</b>	<b>100.00%</b>

**Division of Aging and Adult Services  
SFY JULY 1, 2015 - JUNE 30, 2016 TITLE III ALLOCATIONS**

**FEDERAL TITLE III ADMINISTRATIVE ALLOCATION**

AREA AGENCY	Supportive Services		Congregate Meals		Home-Del Meals		Preventive Health		Caregiver Support		TOTAL ADMIN
	IIIB		IIIC1		IIIC2		IIID		IIIE		
Region I	\$	56,543.00	\$	68,224.00	\$	33,571.00	\$	-	\$	22,955.00	\$ 181,293.00
Region II	\$	33,789.00	\$	40,770.00	\$	20,062.00	\$	-	\$	13,718.00	\$ 108,339.00
Region III	\$	54,129.00	\$	65,311.00	\$	32,138.00	\$	-	\$	21,975.00	\$ 173,553.00
Region IV	\$	32,419.00	\$	39,116.00	\$	19,248.00	\$	-	\$	13,161.00	\$ 103,944.00
Region V	\$	65,731.00	\$	79,311.00	\$	39,027.00	\$	-	\$	26,685.00	\$ 210,754.00
Region VI	\$	39,532.00	\$	47,699.00	\$	23,471.00	\$	-	\$	16,049.00	\$ 126,751.00
Region VII	\$	33,335.00	\$	40,221.00	\$	19,792.00	\$	-	\$	13,533.00	\$ 106,881.00
Region VIII	\$	29,589.00	\$	35,702.00	\$	17,568.00	\$	-	\$	12,012.00	\$ 94,871.00
<b>Total</b>	\$	<b>345,067.00</b>	\$	<b>416,354.00</b>	\$	<b>204,877.00</b>	\$	<b>-</b>	\$	<b>140,088.00</b>	\$ <b>1,106,386.00</b>
<b>TOTAL III-B SUPPORTIVE SERVICES</b>	\$	<b>3,450,663.00</b>	<b>TOTAL III-D PREVENTIVE HEALTH</b>								\$ <b>197,733.00</b>
LESS 5% STATE ADMINISTRATION		172,533.15	LESS 5% STATE ADMIN								\$ -
LESS 10% AAA ADMINISTRATION		345,066.30	LESS 10% AAA ADMINISTRATION								\$ -
LESS 2.5% STATE OMBUDSMAN		86,266.58	III-D AVAILABLE FOR AAA'S								\$ 197,733.00
III-B AVAILABLE FOR AAA'S	\$	2,846,796.98									
<b>TOTAL III-CI CONGREAGATE MEALS</b>	\$	<b>4,163,564.00</b>	<b>TOTAL III-CII HOME DELIVERED MEALS</b>								\$ <b>2,048,767.00</b>
LESS 5% STATE ADMIN	\$	208,178.20	LESS 5% STATE ADMIN								\$ 102,438.35
LESS 10% AAA ADMINISTRATION	\$	416,356.40	LESS 10% AAA ADMINISTRATION								\$ 204,876.70
III-CI AVAILABLE FOR AAA'S	\$	3,539,029.40	III-CI AVAILABLE FOR AAA'S								\$ 1,741,451.95
<b>TOTAL VII-ELDER ABUSE PREVENTION</b>	\$	<b>48,157.00</b>	<b>TOTAL VII-OMBUDSMAN ACTIVITY</b>								\$ <b>150,395.00</b>
LESS 0% STATE ADMINISTRATION			LESS 0% STATE ADMINISTRATION								
LESS 0% AAA ADMINISTRATION			VII AVAILABLE FOR AAA'S								130,500.00
VII-EAP STATE	\$	48,157.00	VII-EAP STATE								\$ 19,895.00
<b>TOTAL III-E CAREGIVER SUPPORT</b>	\$	<b>1,400,893.00</b>									
LESS 5% STATE ADMIN	\$	70,044.65									
LESS 10% AAA ADMINISTRATION	\$	140,089.30									
III-E AVAILABLE FOR AAA'S	\$	1,190,759.05									

**FEDERAL TITLE III AAA SUPPORTIVE SERVICES & FEDERAL NSIP CASH**

AREA AGENCY	Supportive Services		Congregate Meals		Home-Del Meals		Preventive Health		Ombudsman VII	Caregiver Support III-E	Federal NSIP Cash	Total Federal NSIP & Services
	IIIB		IIIC1		IIIC2		IIID					
Region I	\$	466,477.00	\$	579,906.00	\$	285,355.00	\$	32,401.00	\$	21,000.00	\$ 195,118.00	\$ 2,042,171.83
Region II	\$	278,762.00	\$	346,547.00	\$	170,525.00	\$	19,362.00	\$	21,000.00	\$ 116,601.00	\$ 1,298,711.59
Region III	\$	446,560.00	\$	555,147.00	\$	273,171.00	\$	31,017.00	\$	21,000.00	\$ 186,787.00	\$ 1,934,413.05
Region IV	\$	267,455.00	\$	332,490.00	\$	163,608.00	\$	18,577.00	\$	21,000.00	\$ 111,871.00	\$ 1,184,151.61
Region V	\$	542,284.00	\$	674,146.00	\$	331,728.00	\$	37,666.00	\$	15,000.00	\$ 226,827.00	\$ 2,356,572.61
Region VI	\$	326,140.00	\$	405,445.00	\$	199,508.00	\$	22,653.00	\$	10,500.00	\$ 136,418.00	\$ 1,559,079.96
Region VII	\$	275,010.00	\$	341,882.00	\$	168,230.00	\$	19,102.00	\$	21,000.00	\$ 115,031.00	\$ 1,225,028.68
Region VIII	\$	244,109.00	\$	303,467.00	\$	149,327.00	\$	16,955.00	\$	-	\$ 102,106.00	\$ 1,446,141.67
<b>Total</b>	\$	<b>2,846,797.00</b>	\$	<b>3,539,029.00</b>	\$	<b>1,741,452.00</b>	\$	<b>197,733.00</b>	\$	<b>130,500.00</b>	\$ <b>1,190,759.05</b>	\$ <b>13,046,270.05</b>

**STATE SUPPORTIVE SERVICES**

AREA AGENCY	Supportive Services		Congregate Meals		Home-Del Meals		Preventive Health		Caregiver Support		AREA AGENCY	TOTAL STATE
	IIIB		IIIC1		IIIC2		IIID		IIIE			
Region I	\$	23,324.00	\$	28,995.00	\$	14,268.00	\$	-	\$	1,050.00	\$ 293,863.00	\$ 361,500.00
Region II	\$	13,938.00	\$	17,327.00	\$	8,526.00	\$	-	\$	1,050.00	\$ 175,610.00	\$ 216,451.00
Region III	\$	22,328.00	\$	27,757.00	\$	13,659.00	\$	-	\$	1,050.00	\$ 281,317.00	\$ 346,111.00
Region IV	\$	13,373.00	\$	16,625.00	\$	8,180.00	\$	-	\$	1,050.00	\$ 168,487.00	\$ 207,715.00
Region V	\$	27,114.00	\$	33,707.00	\$	16,586.00	\$	-	\$	750.00	\$ 341,619.00	\$ 419,776.00
Region VI	\$	16,307.00	\$	20,272.00	\$	9,975.00	\$	-	\$	525.00	\$ 205,456.00	\$ 252,535.00
Region VII	\$	13,751.00	\$	17,094.00	\$	8,412.00	\$	-	\$	1,050.00	\$ 173,246.00	\$ 213,553.00
Region VIII	\$	12,205.00	\$	15,173.00	\$	7,466.00	\$	-	\$	-	\$ 153,780.00	\$ 188,624.00
<b>Total</b>	\$	<b>142,340.00</b>	\$	<b>176,950.00</b>	\$	<b>87,072.00</b>	\$	<b>-</b>	\$	<b>6,525.00</b>	\$ <b>1,793,378.00</b>	\$ <b>2,206,265.00</b>

TOTAL OAA AAA ADMINISTRATION	\$	1,106,386.00	TOTAL STATE III B	\$	142,340.00
TOTAL OAA AAA SERVICES	\$	9,646,270.05	TOTAL STATE III C1 & C2	\$	264,022.00
<b>TOTAL OAA AAA FUNDING</b>	\$	<b>10,752,656.05</b>	TOTAL STATE III D	\$	-
TOTAL NSIP CASH	\$	3,400,000.00	TOTAL STATE III E	\$	6,525.00
TOTAL AAA FEDERAL FUNDING	\$	14,152,656.05	TOTAL STATE AAA FUNDING	\$	1,793,378.00
TOTAL STATE AGENCY ADMIN		172,533.15	<b>TOTAL STATE AAA FUNDING</b>	\$	<b>2,206,265.00</b>
TOALS STATE AGENCY OMBUDSMAN		86,266.58	<b>TOTAL AAA FUNDING</b>	\$	<b>16,358,921.05</b>
			<b>TOTAL PROGRAMS (EXCLUDES SPECIAL PROJECTS)</b>	\$	<b>16,617,720.78</b>
<b>TOTAL OAA/NSIP FEDERAL PROGRAMS</b>	\$	<b>14,411,455.78</b>			

**FY 2015 State Plan Guidance  
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES  
Older Americans Act, As Amended in 2006**

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.*

**ASSURANCES**

**Sec. 305(a) - (c), ORGANIZATION**

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

**States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.**

**Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and  
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency

response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

### **Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in

the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

- (23) The plan shall provide assurances that demonstrable efforts will be made--
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
  - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
- (25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
- (26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- (27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

- (1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.
- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

**FY 2015 State Plan Guidance  
Attachment A (Continued)**

**REQUIRED ACTIVITIES**

**Sec. 307(a) STATE PLANS**

(1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

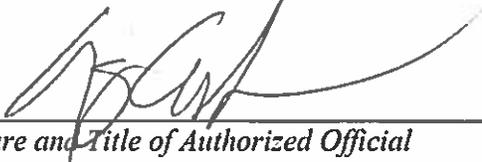
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

  
\_\_\_\_\_  
*Signature and Title of Authorized Official*

7/23/15  
\_\_\_\_\_  
*Date*

**FY 2015 State Plan Guidance**  
**Attachment B**  
**INFORMATION REQUIREMENTS**

*States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.*

**Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

**Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

**Section 307(a)(2)**

The plan shall provide that the State agency will:

*(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

**Section (307(a)(3)**

The plan shall:

*(B) with respect to services for older individuals residing in rural areas:*

*(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.*

*(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

*(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

### **Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

### **Section 307(a)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

### **Section 307(a)(21)**

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities .*

### **Section 307(a)(29)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

### **Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

### **Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) *a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
- (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order

## **FY 2015 State Plan Guidance Attachment C**

### **INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS**

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

*“States shall,*

*(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--*

*(i) the geographical distribution of older individuals in the State; and*

*(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”*

- For purposes of the IFF, “best available data” is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.